

**REMARKS/ARGUMENTS**

This is in response to the Office Action of April 14, 2006. The period for response has been extended by two (2) months to September 14, 2006 by the enclosed Petition for Extension of Time. In that Office Action the Examiner objected to the drawings and noted that corrected drawings were required. In addition, the Examiner rejected claims 1-3, 5 and 7-9 under 35 U.S.C. 102(b) as being anticipated by Lee et al (US Patent 5,480,403).

Applicants have enclosed herewith corrected drawings in accordance with the Examiner's requirements. Accordingly, the Examiner is respectfully requested to withdraw this objection.

Applicants have cancelled without prejudice Claims 4, 6 and 10-16 in response to the Examiner's restriction requirement. Claim 1 was amended to indicate that the cross-pin is used in an ACL repair procedure, and to describe the interior passage as extending axially.

**The rejection of claims 1-3, 5 and 7-9 under 35 U.S.C. 102(b) as being anticipated by Lee et al. (US Patent 5,480,403) is respectfully traversed.**

Applicants respectfully submit that Lee et al. do not disclose a cross-pin useful in an ACL repair procedure. Rather, Lee et al. disclose a two-piece suture anchor. The suture anchor of Lee et al. is not designed to be used in an ACL repair procedure as a cross-pin useful for retaining a graft ligament in a bone tunnel. The device of Lee et al. is designed to approximate soft tissue to the surface of a bone using attached sutures. The Lee et al. device cannot be used with a guide wire in an ACL procedure. Lee et al. do not have a distal guide wire opening in their device that communicates with an interior passage in a nose member that extends axially which in turn communicates with a trough. Lee et al. in FIGS. 15-18 show a pin that has distal slots that divide the tip into clover leaf sections, however they do not disclose a distal guide wire opening and a axially extending interior passage that communicates with a trough. The device of Lee et al. could not be used in an ACL reconstruction procedure and could not be threaded onto a guide wire. Lee et al. neither disclose nor suggest Applicants' claimed invention, nor do they discuss or contemplate ACL repair procedures.

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Applicants have amended their claims to more particularly point out their invention by describing the inner passage as extending axially, and to indicate that the cross-pin is used in an ACL repair procedure.

On the basis of the foregoing discussion, the Examiner is respectfully requested to make the amendments to the claims of record, to withdraw his objection and rejection, and allow the claims as amended.

Respectfully submitted,

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